STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Integrated Health Home
Learning Activities and Topics 2023

The Health Home Learning Collaborative is tasked with the development of learning topics and activities. Every Health Home webinar is held the 3rd Monday of every month from 2pm – 3pm with two face-to-face Learning Collaboratives (spring/fall).

Date	Topic
January 23*	**HCBS Waiver Process** Objectives: Health Homes provide or take responsibility for appropriately arranging care with other qualified professionals for all the member's health care needs. This includes care for all stages of life, acute care, chronic care, preventive services, long-term care, and end of life care. This includes understanding of the HCBS waivers offered by the State of Iowa. Health Homes will learn information related to HCBS waivers including eligibility, wait list, slot release, attrition guidelines, and collaboration. ***(Reference: Care Coordination)***
Registration: https://telligen.zoom.us/meeting/register/tZAud-uhqD4vE9Bh7KmbYI4JZJzGk2ccy4O0	
February 20	**Peer Support** Objectives: Peer Support or Family Peer Support Specialist, may assist with the following individual and Family support services: providing assistance to members in accessing needed self-help and peer/family peer support services, advocacy for members and families, family support services for members and their families, assisting members to identify and develop social support networks, support medication adherence efforts, identifying community resources that will help members and their families reduce barriers to their highest level of health and success, linkage and support for community resources, insurance assistance, waiver services, connection to peer advocacy groups, family support networks, wellness centers, NAMI and family psycho educational programs, assisting members in meeting their goals. During this presentation, the presenter will discuss ways in which Health Homes can incorporate the peer support and family peer support roles into their practices. ***(Reference: Individual and Family Support)***
Registration: https://telligen.zoom.us/meeting/register/tZwrdOCsrDwrGtDusZBGFe-p0InV0jG-5n_-	
March 20	**Trauma Informed Care** Objectives: Trauma Informed Care is an Orchard Place treatment approach that includes understanding, recognizing and responding to the effects of all types of trauma and post-traumatic stress disorder (PTSD) in children and teens. It emphasizes physical, psychological, and emotional safety for both children and providers and helps survivors

	rebuild a sense of control and empowerment. (orchardplace.org). Orchard Place to provide an overview of Trauma Informed Care and how they implement it into their practice. ***(Reference: Health Promotion)***
Registration: https://telligen.zoom.us/meeting/register/tZYsduiopzwuEtbWPiLuJQJ1ZJuzCkHGGeuh	
April 25	**Spring Face-to-Face Learning Collaborative:** **Step by Step SMART Goal Creation** Objectives: Participants will create a smart goal/smart objective and detailed incremental steps as a team. Each team will do a report out to their peers and peers will assist with correcting, revamping, building excellent goals/objectives and incremental steps. Each team will be provided a member "case" with background information, LOCUS/HRA information and any other info needed to create excellent goals in standardized format to meet measure requirements (SPA, Iowa Code) ***(Reference: Comprehensive Case Management)*** **Chart Review Workbook** Objectives: Iowa Medicaid Health Home Program conducts reviews of Health Home Providers to assist providers to be compliant with laws, rules, requirements, and best practices. The review includes viewing member contact notes, assessments, and plans to validate that a Health Home Service has been provided every month during the review period. The Health Home Review Coordinator completes the Chart Review Workbook for every Health Home on an annual basis. Health Homes are divided into four groups with a group being reviewed each quarter. ***(Reference: Health Home Chart Review Workbook Guide)*** **Transitions in Care** Objectives: Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of care. This webinar will cover how Health Homes can build effective processes around transitions from inpatient/NF/PMIC to community, successful reengagement back to the home community, and parent engagement while a child is in PMIC. Discuss policies and procedures around transitions in care. ***(Reference: Comprehensive Transitional Care)***
Link to the April agenda will be provided closer to meeting date	
May 15	**Annual interRAI Training**** Objective: Annual training on the interRAI assessment tool for the Children's Mental Health Waiver. ***(Reference: Comprehensive Case Management, Iowa Administrative Code)***
Registration: https://telligen.zoom.us/meeting/register/tZwod-6oqzopG9NDuKoTk53V5efRTp2xmk68	

June 26* **IMPORTANT:** this event has been rescheduled from 6/19/23 to 6/26/23	**Comprehensive Assessment Process – Review of the CASH & LOCUS/CALOCUS**** Objectives: For each enrolled member, Health Homes complete a comprehensive assessment at least every 12 months or more frequently as needed that includes a review of physical and behavioral health components, medication reconciliation, functional limitations, and appropriate screenings. Assessment also includes current and historical information and assesses the member's readiness for self-management. In this webinar, Health Homes will review the components of the Comprehensive Assessment and Social History and its integration with the plan of care. Health Homes will discuss ways they describe and explain the assessment process to their members. ***(Reference: Comprehensive Care Management, Iowa Administrative)***
Registration: https://telligen.zoom.us/meeting/register/tZ0od-yorzgpH9JlTAFyTYdWbhjrk1_qjvMV	
July 17	**Risk Stratification** Objectives: Health Homes monitor member gaps in care and predicted risks based on medical and behavioral claims data. Through coordinated and integrated care, Health Homes conduct interventions as indicated based on the member's level of risk. During this presentation, Health Homes will review the background and purpose of risk stratification including the role of electronic health records in identifying level or category of risk. Health Homes are encouraged to share how they use risk stratification in their practices. ***(Reference: Comprehensive Care Management)***
Registration: https://telligen.zoom.us/meeting/register/tZUtde-trDMsE9IxgIPiYJT2cb7eA06DOiiy	
August 21	**Person-Centered Planning**** Objectives: Health Homes provide care coordination and case management services to Habilitation and Children's Mental Health waiver populations. A person-centered service plan (PCSP) is created through a person-centered planning process, directed by the member or member's guardian, to identify the member's strengths, capabilities, preferences, needs, and desired outcomes. During this webinar, Health Homes will review the components of the person-centered process and person-centered service plan. ***(Reference: Iowa Administrative Code, 42 CFR 438.208(c)(3)(i))***
Registration: https://telligen.zoom.us/meeting/register/tZMlcOCqqjItGdUGnJucINs5XTAixUQMaUew	
September 26	**Fall Learning Collaborative Face-to-Face:** **Iowa Legal Aid** Objectives: Iowa Legal Aid is a nonprofit organization providing critical legal assistance to low-income and vulnerable Iowans who have nowhere else to turn. Along with volunteer lawyers throughout the state, Iowa Legal Aid helps with legal system work for those who cannot afford help with legal issues. A representative from Iowa Legal Aid will share with the health home providers the services they provide and the process for accessing those services for members. ***(Reference: Individual and Family Support)***

	Breakout Sessions: **Pediatric IHH** **1. Juvenile Court Services** Objectives: Participates will learn the basic functions of Juvenile Court and Juvenile Court Services. The Juvenile Court System and the difference from the adult system. **2. Pediatric IHH Breakout: Pediatric Services and Resources** Objectives: Health Homes provide resource referrals or coordinate access to recovery or social health services available in the community which includes understanding eligibility for various healthcare programs, disability benefits, and identifying housing programs. During this presentation, Health Homes will review how to assist members in accessing other Medicaid services, collaborating with schools, and for members transitioning out of Medicaid, identifying supports and resources. ***(Reference: Care Coordination and Referral to Community and Social Support Services)*** **Adult IHH** **1. IRSH** Objective: This presentation will provide a detailed overview of Intensive residential service homes" or "intensive residential services" (IRSH). **2. Adult IHH Breakout: Adult Services and Resources** Objectives: Health Homes provide resource referrals or coordinate access to recovery or social health services available in the community which includes understanding eligibility for various healthcare programs, disability benefits, and identifying housing programs. During this presentation, Health Homes will review how to assist members in accessing other Medicaid services (e.g., Home health, durable medical equipment (DME), vision, hearing, dental, transportation), housing options, community resources, and for members transitioning out of Medicaid, identifying supports and resources. Health Homes will also review Habilitation services. ***(Reference: Care Coordination and Referral to Community and Social Support)*** **Networking Opportunity** Objectives: Provide an opportunity for networking for Peer Supports/Nurses/Care Coordinators/team leads to share ideas on how they structure their day/job, handle burnout, interact with their other teammates (daily huddles, meetings, support groups). Peer Sharing opportunity for how an IHH supports their staff in these activities' day to day.
Link to the September agenda will be provided closer to meeting date	

October 16	**Behavioral Health Continuum** Objectives: Integrated Health Homes assist members with supporting member needs for behavioral health services. This webinar will cover the continuum of behavioral health services from outpatient services to inpatient care. ***(Reference: Comprehensive Case Management, Care Coordination)***
Registration: https://telligen.zoom.us/meeting/register/tZcrfuiqpzMsGdIIBZOwzYouMg4tc-NYQkm_	
November 20	**Person-Centered Thinking Training**** Objectives: Person-centered thinking is a hands-on learning and skill development training. The curriculum includes exploring skills that are geared toward building our internal capacity to help individuals take positive control in their lives, and support efforts to improve person-centered practices. The following person-centered tools will be reviewed: • MAPS (Making Action Plans) • PATH (Planning Alternative Tomorrow with Hope) • PFP (Personal Future's Planning) • WRAP (Wellness Recovery Action Plan) • 4+1 Questions • Relationship Maps • Routines and Rituals • Good Day / Bad Day • Learning Log • CASH • LOCUS/CALOCUS • interRAI-ChYMH ***(Reference: Comprehensive Care Management)***
Registration: https://telligen.zoom.us/meeting/register/tZUrce-uqz4tE90nJilf7I6XWQsb0YkND3BL	
December 18	**2022 Data Analysis** Objectives: Integrated Health Homes will be provided with a current data analysis and review of their performance overall as it pertains to their peers. This information will be informative for all health home staff to fully understand the overall impacts of their day-to-day work.
Registration: https://telligen.zoom.us/meeting/register/tZIqc-iprD4qGNMrflU54M1dY2mRrzK8skja	

*Date adjusted to the 4th Monday of the month to accommodate the observed holiday.

**Required annual training.

Topics and Schedule are Subject to Change